

Office of Attorney General  
Bureau of Consumer Protection  
Health Club Registration Section  
15<sup>th</sup> Floor, Strawberry Square  
Harrisburg, PA 17120  
(717) 783-1992

\_\_\_\_\_ New Certificate  
\_\_\_\_\_ Change to Current Certificate

\_\_\_\_\_  
Current Registration Number

### **Health Club Registration Application**

1. This Registration Application is made on behalf of the following business entity:

_____ Business or Fictitious Name of Health Club	_____ Corporation, Partnership or Individual Owner Name
_____ Mailing Address	_____ Mailing Address
_____ City, County, Zip	_____ City, County, Zip
_____ Telephone Number	_____ Registered Address for Service of Legal Documents
_____ Location of Health Club if different from above	_____ City, County, Zip

2. The Health Club identified in paragraph 1 above is a: (check one)

_____ Corporation (go to #3)	_____ Sole Proprietorship (go to #5)
_____ Partnership (go to #4)	_____ Other (go to #6)

3. If the Health Club identified in paragraph 1 above is a corporation, identify the state of registration (check one):

_____ Pennsylvania	_____ Specify Other State
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Note: If corporation is not a Pennsylvania corporation, the Pennsylvania Business Corporation Law (15 Pa. C.S. Section 4121) requires such a corporation to obtain a certificate of authority to qualify to do business in Pennsylvania.

Note: If you have answered question 3 go to question 7.

4. If the Health Club identified in paragraph 1 is a partnership, has the partnership filed a fictitious name statement with the Office of the Secretary of the Commonwealth of Pennsylvania (check one):

\_\_\_\_\_ Yes

\_\_\_\_\_ No

Note: If you have answered question 4 go to question 7.

5. If the Health Club identified in paragraph 1 is a sole proprietorship, has the sole proprietorship filed a fictitious name statement with the Office of the Secretary of the Commonwealth of Pennsylvania (check one):

\_\_\_\_\_ Yes

\_\_\_\_\_ No

Note: If you have answered question 5 go to question 7.

6. If you identified the Health Club as "Other" in paragraph 2, please specify the type of business and state the form of business used to operate your Health Club:

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(Attach additional sheets if necessary)

7. In the space provided below, set forth the names, titles and business addresses of all officers and directors of a corporation; general partners of a partnership; or in the case of a sole proprietorship, any person with an ownership interest in the Health Club identified in paragraph 1 (attach addition sheets if necessary):

Name	Title	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. Will the Health Club identified in paragraph 1 be completed and operational the date health club contracts are signed by members?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

9. The Health Club identified in paragraph 1 has satisfied the financial securities requirement of the Health Club Act as follows (check one, and complete the blanks):

\_\_\_\_\_ A. Obtained surety in the amount of \$\_\_\_\_\_ from \_\_\_\_\_ and has filed a Certificate of Compliance with this application.

\_\_\_\_\_ B. Obtained an irrevocable letter of credit in the amount of \$\_\_\_\_\_ from \_\_\_\_\_ and has filed a Certificate of Compliance with this application.

\_\_\_\_\_ C. Health Club is exempt from filing financial security and has filed a Certificate of Exemption with this application.

10. I certify that the health club identified in paragraph 1 employs and has on the premises during health club hours of operation a person who is trained and certified to administer CPR.

11. I understand that all contract records must be accurately maintained and shall be open for inspection and copying by the Bureau of Consumer Protection during normal business hours or upon 48 hours written notice.

12. I understand that I am under a continuing obligation to notify the Bureau of Consumer Protection in writing of any change in the information provided in this registration application and of the obligation to file a renewal certificate by June 1 of each year.

Note: Attach either a Certificate of Compliance or Certificate of Exemption with this registration application.

Note: Attach a blank copy of your Health Club contract(s) and any other agreement(s) or promissory note(s) being used by your Health Club. **Prior to submitting your health club contract, please be sure it contains all of the contract provisions required by the HCA.**

### Certificate

I hereby certify that the information contained in the Certificate of Registration is true and correct. I further certify that I have actual authority to make this certification on behalf of the Health Club identified in paragraph 1. I also understand that any false statements made herein are subject to the penalties for unsworn falsification to authorities pursuant to 18 Pa. C.S. Section 4904.

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Date

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Signature

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Printed Name

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Title